

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	/						51	/
2		/					52	/
3		/					53	/
4		/					54	/
5		/					55	/
6		/					56	/
7		/					57	/
8		/					58	/
9	/						59	
10		/					60	
11		/					61	
12	/						62	
13		/					63	
14		/					64	
15	/						65	
16		/					66	
17		/					67	
18		/					68	
19		/					69	
20		/					70	
21	/						71	
22		/					72	
23	/						73	
24		/					74	
25		/					75	
26		/					76	
27		/					77	
28		/					78	
29	/						79	
30		/					80	
31	/						81	
32		/					82	
33	/						83	
34	/						84	
35		/					85	
36		/					86	
37		/					87	
38	/						88	
39		/					89	
40		/					90	
41	/						91	
42	/						92	
43	/						93	
44		/					94	
45		/					95	
46		/					96	
47		/					97	
48		/					98	
49		/					99	
50	/						100	
TOTAL IND.	←		←		←		TOTAL IND.	←
TOTAL DEP.	←		←		←		TOTAL DEP.	←
TOTAL CLAIMS	←		←		←		TOTAL CLAIMS	←